

Nursery Application Form



Child's Surname: First Name:

Preferred Name: Middle Name(s):

Name as shown on birth certificate (if different):

Date of birth: Sex: Male / Female (please delete)

Address:

Post Code: Home Phone Number:
Mobile Number:

Home Language Religion

Siblings

Please provide names and dates of birth of brothers / sisters attending this school:

1. Full Name: Date of birth:
2. Full Name: Date of birth:
3. Full Name: Date of birth:

School/Nursery/playgroup attended Date started

Does your child have a statement of special educational needs? Yes / No

Is your child Looked After by a Local Authority? Yes / No

Parents'/Carers Details

Surname: Initials: Title:..... (e.g. Mr/Mrs)

Relationship to child:

Address (If different to child's.):
.....

Please state your preference for a nursery session – e.g. morning or afternoon:

Please give reasons:

If we cannot give you your preferred session would you still like a nursery place? Yes/No

Do you require extended days? Yes/No
(if required, please complete the attached extended day session form)

Signed: Date

Name: Relationship to child
(Please print)